	217 A
n ARIZONA STATE	BOARD OF HEALTH State File No. 173-
BUREAU OF	VITAL STATISTICS Registered No
H.D. STANDARD CE	ERTIFICATE OF BIRTH
County / County	State W W W
District or Township	or Village
City Manu No. 14 M	in a hospital or institution, give its NAME instead of street and number)
(Kosalia Flare) If child is not yet named, make supplemental report, as directed.
2. Full name of child VI V V V V V V V V V V V V V V V V V V	
in event of plural 5. No., in order of	of birth www. 1/2/00'
8. FATHER	14. MOTHER
Full name of Plant Flan	Full maiden name Very ore (Royas
Miami	15. Residence Miami
9. Residence (Usual place of abode)	(Usual place of abode)
If non-resident, give place and state. Myona.	If non-resident, give place and state.
10. Color or race 11. Age at last birthday 2 AYea	16. Color or race
My. 11. Age at last breadage. Agree	17. Age at last birthday (Years)
12. Birthplace (city or place) Sonora,	18. Birthplace (city or place) Jako co
(State or country) My.	(State or country) / // //
13. Occupation	19. Occupation
Nature of Industry MAND,	Nature of Industry Houseurle
20. Number of children of this mother	alive and now living. 21. Were precautions taken against oph-
certified and including this child.) (c) Stillbo	alive but now dead thalmis neohatorum?
CERTIFICATE OF ATTE I hereby certify that I attended the birth of this child, who v	INDING PHYSICIAN OR MIDWIFE A
1 (1 m land MIO
When there was no attending physician or midwife, then the father, householder, ctc., should make this return. A stillborn	Dhina in
child is one that neither breathes nor shows other evidence of life after birth.	(Physician or sidwife.)
Given name added from	so Many Uzyona.
Month, day, year	100 Ket 11,030 60-6- John
Registrar.	Registrar.
\mathcal{O}^{μ}	2-171-392
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